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ABSTRACT

A study analyzed the characteristics of one male physician's foreigner talk over the telephone with non-native speakers (NNSs) of English and compared it to that of native speakers (NSs). The conversations all related to requests that patients come into the office for a periodic, preventative physical exam. Data came from tape recordings of the physician's portion of the conversations, 10 with NSs and 11 with NNSs. Language used was analyzed phonologically (with a computerized spectrogram), syntactically (by identification of specific grammatical features, including omissions, expansions, replacements, and rearrangements), and semantically (by counting number of repetitions, restatements, and offers of definition). Analysis revealed clearly different patterns of speech for the two groups. The subject's speech to NNSs was characterized by: greater speed, more false starts, fewer repetitions, slightly fewer vocalized pauses and hesitations, more careful pronunciation, more syllable-timed stress, more ungrammatical structures, more questions, and more repetitions, restatements, and offerings of definitions with this group. Humor and idioms were used exclusively with NSs. The most surprising results were the nonstandard stress timing and grammar used with NNSs. Results supported some previous research and conflicted with others. It is concluded that a broader base of foreigner talk is needed before generalizations are made. (MSE)

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The Foreigner Talk of a Family Physician:

An Observational Study

by: Dana Kristine Nelson

Senior Paper in Linguistics

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BEST COPY AVAILABLE

"You no roar at me. We not afraid." This is the way English speaking earthlings talked to Martians on Mars in a novel by C.S. Lewis. The linguist Charles Ferguson analyzed this made-up dialogue when he first began to characterize a form of simplified speech called Foreigner Talk in 1975. He defined it as a register of simplified speech used by native speakers of a language to outsiders who have very limited command of the language or no knowledge of it at all.

Ferguson's method for characterizing foreigner talk, aside from analyzing material from the novel, was to analyze data from an exercise he did in 1969 and repeated in 1970 with students at Stanford University in a sociolinguistics class. The students were given the hypothetical situation that they would act as spokespersons addressing a group of non-native speakers (NNSs) who have heard some English, but are not really able to understand it or speak it. He then read ten sentences or pairs of sentences in "normal" English. The students were to write down the way they thought a spokesperson might say it. For example, one of the sentences was, "Yesterday I saw him and gave him some money." Ferguson also stated that the hypothetical group of NNSs was "obviously non-European and illiterate" to hopefully avoid other kinds of language behavior that wasn't foreigner talk, like using French expressions or international words.

All but two of the thirty six students supplied sentences with expected foreigner talk features. The grammatical features found were classified as omissions, expansions and replacements or rearrangements.

Omitted were the definite article, forms of the copula, conjunctions, inflectional suffixes and internal stem changes signaling case, person, tense and number for nouns and verbs. For example:

(1) "I haven't seen man you're talking about." - article omitted

(2) "We little people." - copula deleted

(3) "come, see." - conjunction omitted

(4) "we weren't going to kill him" replaced by "we no go to kill him"

(5) "haven't seen" replaced by "no see"

Expansions most frequently involved the addition of the subject "you" to imperatives. Another expansion was the addition of tags to the ends of sentences.

(6) "You come"

(7) "yes?", "okay?", "see?", "no?"

Replacements/rearrangements included the tendency to replace possessives with a pronominal form after the noun as in (8), direct object pronouns occuring in the nominative as in (9), and yes/no questions not inverted as in (10), or the word "do" or "did" omitted leaving no syntactic sign of interrogation as in (11), presuming intonation alone signals a question.

(8)"My brother" replaced by "brother me" or "brother I".)

(9) "Him not my father"

(10) "He be your brother?"

(11)"You understand what she said?"

Certainly, the methodology used in Ferguson's study should be criticized for being highly artificial. Data from a fictional story about Martians and a hypothetical situation presented to University students are not the same as the actual use of foreigner talk in a speech community. Fortunately, since 1975 there have been over thirty studies done on foreigner talk (Long, 1981). But there is still not nearly enough attention paid to the actual use of foreigner talk in real situations. Normally, many careful descriptive studies are needed before one can design an experimental study. Why then are roughly three-quarters of the studies on foreigner talk experimental? Of the observational, naturalistic studies on American English foreigner talk between adults (in a non pedagogical context) I have found only three. Two of these are actually published: the doctoral dissertation of Freed (1978), and Hatch et al (1980).

Freed's 1978 study compared foreigner talk to another register of simplified speech called baby talk. It involved naturalistic data of fifteen mother's speech to children, and data from the speech of eleven adult NSs and their NNS partners at conversation club meetings for foreign students in Philadelphia. Freed found that the foreigner talk and the baby talk shared certain properties. Utterances were shorter, syntactically less complex, and clearly articulated.

Aside from comparisons to baby talk, Freed's study also compared adult NS-NS to adult NS-NNS interaction. In Freed's data there were higher proportions of questions to statements in the NS-NS interaction than in the NSs' speech to NNSs. Utterances to "linguistically more proficient" NNSs were longer and more complex. Freed hypothesized that speakers adjust their speech mainly in response to perceived attributes of the listener, namely, relative status, cognitive ability, and linguistic sophistication (Long, p. 263).

Because my information on Freed's study was obtained indirectly from a report by Long (1981) and from the brief abstract of the dissertation itself, I do not know any details about how the data were analyzed, or what methods were used to measure these claims.

The second, semi-relevant observational study (Hatch et al, 1975) documents an informal conversation between two close friends. One is a NS of English, and the other is a NS of Spanish. These observations do not constitute a controlled study, since there is no corresponding analysis of similar speech acts between native speakers. What *is* closely analyzed is the interaction between these two friends, specifically, how the NS mirrors the NNS's speech and incorporates the NNS's patterns into her response. What is lacking is an observational study of foreigner talk *input* alone.

One well designed study (Arthur et al, 1980) was a focused description which analyzed how airline ticket agents speak to NS vs. NNS callers over the telephone. The study isolated special characteristics of the agents' verbal input including response length, grammatical complexity, fluency, vocabulary, speech tempo, and information bits. The methodology used in this study was very thorough. But it did have quite a few shortcomings. As it was an experiment, it has the obvious drawback of being highly unnatural. For example, the callers used a set script asking the same question one hundred and twenty different times. Furthermore, of the agents contacted, four were NNSs "but spoke English with near native proficiency." It seems unfortunate that the data from these NNS were mixed in with the statistics, since foreigner talk is only true foreigner talk if it is the speech of NSs.

PROCEDURE

This paper describes a non-participant observational, performance analysis study using data analysis similar to that of Arthur et al (1980), and Ferguson (1975). It describes the speech of my father who is a medical physician as he talks on the telephone to his patients, both native and non-native speakers of English. The research question addressed is, "What happens?" What is are the characteristics of the foreigner talk of an adult male (over the telephone) to NNSs as compared to his talk to NSs where the input to both groups includes the same basic information? Based on previous informal observation of my father, I predicted he would use a variety of approaches to make himself understood to NNSs, most of these phonological techniques including an increase in volume, higher pitch, syllable-timed stress patterns, slower speech tempo, and more attention paid to careful pronunciation by separating and articulating each word instead of running them together.

The subject of this study is a fifty-one year old monolingual (Standard American Dialect) English speaking male. He is a physician in private family practice on the East Side of St.Paul. During his twenty-three years in practice, he has always had a number of patients who have come and settled in the Twin Cites from different countries.

The subject was taped calling his patients who were requested to come in to the clinic to have a complete physical exam because they had never gone in for one before, or because they were long overdue for a periodic physical. They all needed basically the same preventative treatment, including having a blood test to check for cholesterol level, making sure shots were up to date,

etc. So the doctor was giving them all much of the same information regardless of their native language.

To collect the data I tape recorded the subject on the telephone. The calls were all made, as they usually are by this doctor, from his home (which is also my home.) I had tried to use a small, discreet tape recorder, but it picked up too much background noise (ie. talking, an excitable grandchild running around and playing, and noises from the kitchen), and the sound quality of the subject's speech itself was very poor. Finally, I put a microphone in a drinking glass on the table next to the telephone. The microphone was attached to the tape deck in the stereo, several feet away. The subject seemed to be uninhibited by the presence of the microphone, probably because the environment from which he normally makes his calls is often active with family members (and visitors) walking past the telephone. The recordings were to continue until there were a minimum of ten calls to NNSs and ten to NSs. Because the calls were made over several days, and at different times during the day, the subject took control of turning the microphone on and off between calls. The results were very rewarding. The recordings of the subject's speech are extremely clear. Even slight breathing is audible on the tapes.

There was not any ethical problem of recording or gathering personal information without permission because only one side of the conversation was recorded. I was not looking in the medical history files of anyone involved. The only information I needed about each patient was whether or not they were native speakers of English. I changed all of the names that appear on the transcript of the recording. In the end, recordings were made of conversations with ten NSs and eleven NNSs.

The NS and NNS listeners represent a wide range of ages:

Age

NS		NNS	
(call #1)	50	(call #4)	18
(call #2)	53	(call #5)	10
(call #3)	53	(call #6)	25
(call #11)	70	(call #7)	15
(call #12)	70	(call #8)	25
(call #14)	40	(call #9)	35
(call #15)	50	(call #10)	45
(call #16)	25	(call #13)	40
(call #20)	82	(call #17)	25
(call #21)	53	(call #18)	36
		(call #19)	20
mean = 54.6 yrs.		mean = 26 yrs.	

It is possible that the doctor's speech was influenced by the age of his patients as well as their nativeness. However, I do not believe this was a very strong factor. The shifts that occur in the subject's speech will not be analyzed in correlation with age. The focus of this paper is not on age but rather on NS / NNS recognition.

DATA ANALYSIS

I analyzed the data phonologically, syntactically and semantically using very specific methods which I will describe. But first, it is important to note that the aim of this study was to be highly descriptive of foreigner talk input. I kept my eyes and ears open to any notable observations not accounted for by statistics. A definite asset to a non-participant observational study (as

compared to a hypothesis testing experiment) is that the researcher is freed to describe any new features or patters in the naturally occuring data as are beneficial. The researcher is not confined to the limits of an experimental hypothesis.

To analyze the data phonologically, I played the recorded speech into a computerized spectrogram called "Speech Viewer" to look for change in pitch between NSs and NNSs. The number of words per unit time were counted to measure speech tempo. I measured fluency similar to the Arthur et al (1980) study, by counting the number of false starts as in (12), and vocalized pauses as in (13). I also noted and counted repetitions as in (14), and hesitations as in (15).

12.) "I'm glad you're f- are you feeling well?" (call #21)

13.) "And so we're just calling ah people who are several years overdue." (call #12)

14.) "So I was just, I was just running the charts." (call #15)

15.) "...make an appointment for your s-sort of yearly physical." (call #20)

I phonetically described the varying degrees of the subject's pronunciation, particularly to note stressed or weakened vowel qualities, and checked for syllable-timed versus stress-timed patterns.

One phonological feature which I planned to measure but did not, was volume. The subject stood at varying distances from the microphone, so the changes in volume reflected on the recordings do not necessarily reflect how loud the subject was actually speaking to NS and NNS patients.

I described the syntactic patterns similar to the way Ferguson did in his 1975 study, looking for those specific grammatical features that he found, namely, omissions, expansions and replacements or rearrangements.

In the semantic realm, I counted the number of times the subject uses repetitions, restatements, and offers definitions. Again, the point of the data analysis was to compare the subject's speech to NSs with the subject's foreigner talk to the NNSs.

RESULTS

10 calls made to NSs

11 made to NNSs

Number of words: to NSs = 2751

to NNSs = 2385

Phonological Characteristics of Foreigner Talk:

higher pitch- Neither I nor the "Speech Viewer" detected any notable differences in pitch between speech addressed to NSs and NNSs.

speech tempo- Rate of speech was a measure based on all sequences of three or more consecutive words produced.

Table 1: Rate of Speech Addressed to NSs and NNSs

NS

	time (sec)	words	words/sec
(call #1)	116	401	3.5
(call #2)	111	360	3.2
(call #3)	38	101	2.7
(call #11)	71	268	3.8
(call #12)	52	178	3.4
(call #14)	79	251	3.2
(call #15)	118	433	3.7
(call #16)	62	188	3.4
(call #20)	76	244	3.2
(call #21)	52	158	2.9

NS average w/sec = 3.3

NNS

	time (sec)	words	w/sec
(call #4)	65	152	2.3
(call #5)	83	206	2.5
(call #6)	54	164	3.0
(call #7)	22	79	3.6
(call #8)	29	95	3.3
(call #9)	62	167	2.7
(call #10)	90	233	1.8
(call #13)	191	531	2.8
(call #17)	33	99	3.0
(call #18)	111	326	2.9
(call #19)	75	196	2.6

NNS average w/sec = 2.8

fluency- False start: The subject began to say something, but stopped himself in the middle of a word or the middle of a phrase and started over, to say it with different words, or to say something different all together.

Examples to NSs:

16.) "I'm calling t- well, you won't believe why I'm calling you." (call # 1)

17.) (most likely in response to 'how are you') "f-pretty good." (call # 1)

18.) "We have to promise the insurance company that we're going to take good care of you so you're sup- ah I'm suppose to remind you from time to time to have a check up." (call #20)

19.) "...sometime in the f- in the next couple months...make an appointment for your....physical." (call #20)

The motivation of the false start in example 19 may have been because the patient the subject was speaking to is 82 years old, so he changed his mind about saying, "in the future".

Examples to NNSs:

20.)"T'll call you back-I'll call her back this evening then." (call #7)

21.)"Ya know, listen to your heart and check-*think about* cancer screening and so on." (call #10)

22.)"And just- you can just..." (call #10)

23.)"Baby- your babies come in all the time." (call #10)

Most likely the motivation for the false start in example 21 was that the doctor didn't want his patient to worry.

For NSs the number of false starts was 22. That is, on the average every 125 words there was 1 false start. When speaking to NNSs, the subject made 24 false starts, which is 1 every 99 words.

Vocalized pauses were for NSs, 53 (1/52 words) and for NNSs, 39 (1/61 words.) Hesitations I am defining to be like stuttering, or stammering. The subject hesitated 13 times to NSs (1 out of every 211 words) and 11 times to NNSs (1 out of every 216).

Examples to NSs:

24.) "it wouldn't h-harm anything to your eye" (call #15)

25.) "i-i-if not go ahead and do..." (call #1)

26.) "jus-just call Janeen and make an appointment" (call #20)

Examples to NNSs:

27.) "W-well" (call #13)

28.) "H-how old is she?" (call #9)

29.) "Wh- when is he coming back to see me? (call #6)

I am defining a repetition, in the realm of fluency, as a word or a phrase immediately repeated. This type of repetition is like a hesitation. It is not a way of making sure the listener understood, like a comprehension check, or offering definitions, and so on. There were 38 to NSs (1/72 words) and 22 to NNSs (1/108 words.)

Examples to NSs:

30.) "I'm, I'm not drumming up business, I'm just trying to get people ah you know..." (call #14)

31.) "just to let you know that you're you're a few years a few years back." (two hesitations) (call #12)

32.) "Heh, and I'll and I'll see ya sometime." (call #15)

Examples to NNSs:

33.) "Whenever whenever you get time" (call #10)

34.) "it's been a long time- been a long time for you" (call #13)

35.) "Well you have to tell her that you still love her. You have to tell her that you still love her." (call #13)

pronunciation- I looked at pronunciation in terms of vowel reduction. Prator & Robinett (1972) has a list of English words whose vowels are most frequently weakened. That chart is provided in Table 2.

Table 2: Words Most Frequently Weakened or Obscured in English
(from Prator & Robinett, p. 32)

word	weak form	stressed form
an	/ən/	/æn/
and	/ən/	/ænd/
are	/ər/	/ar/
can	/kən/	/kæn/
had	/əd/	/hæd/
has	/əz/	/hæz/
have	/əv/	/hæv/
of	/əv/	/av/
or	/ər/	/ɔr/
that	/ðət/	/ðæt/
the	/ðə/ or /ðɪ/	/ði iy/
to	/tə/ or /tʊ/	/tuw/
was	/wəz/	/waz/

I counted the numbers of times the subject weakened or stressed the vowels of the above words in talking to NSs and NNSs. Because the subject's total word count (number of calls and length of conversations) varied between the two groups, what is shown here is how the number of weak and stressed words compares (by way of percent) to the total number of times that word was used with each group. For example, what percentage of all of the "can"s spoken to NNSs were weak? 56%. The rest, 44%, were pronounced in the stressed form.

Table 3: The Subject's Use of Stress with English Words Most Frequently Weakened[1]

	NS		NNS	
	WEAK	STRESSED	WEAK	STRESSED
an	100%	0%	71%	29%
and	90%	10%	49%	51%
are	39%	61%	27%	73%
can	100%	0%	56%	44%
had	70%	30%	0%	100%
has	0%	100%	0%	100%
have	25%	75%	4%	97%
of	94%	6%	33%	67%
or	86%	14%	17%	83%
that	47%	53%	14%	86%
the	88%	12%	88%	12%
to	69%	31%	13%	87%
was	100%	0%	100%	0%
TOTAL	**74%**	**26%**	**31%**	**69%**

Weak Examples (NSs):

36.) "they require it ən it's not a bad idea." (call #1)

37.) "I'll look ðət up in my books." (call #11)

38.) "Your daughter said you're home inðə morning." (call #21)

39.) "encourage people tə come in for their checkups" (call #2)

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[1] Tabulating weak/stressed words listed above I incidentally found that the words 'and', 'that' and 'of' are used by the subject many more times in speech addressed to NSs than to NNSs.

Table 4: Use of "and", "that", "of" in Speech Addressed to NSs and NNSs

word	# to NSs	#to NNSs
and	50	8
of	17	4
that	26	9

Stressed Examples (NNSs):

40.) "...in a new baby æ**nd** it k**æ**n last for quite a while." (call #6)

41.) "So you don't h**æ**v school today?" (call #5)

42.)"see a specialist about ð**æ**t." (call #18)

43.) "we went t**uw** all three countries." (call # 13)

These vowel qualities carried over into other words. To NNSs, for example, the subject says a very stressed "to" in "tomorrow" and "together".

44.) "I'm not it the office t**ó**morrow. T**ó**morrow is my day off." (call #18)

45.) "um, then maybe I can do it all t**ó**gether." (call #4)

To NSs there seems to be a notable amount of consonant cluster reduction:

46.) probably: "I'll pro'ly be doing cancer screening" (call #4)

47.) kind of: "I'm just kinda going through my list" (call #1)

48.) because: "...'cause I think it wears off on the second day." (call #11)

49.) want to: "set something up for later on if you wanna." (call #12)

50.) about your: "How 'bouchor legs?" (call #12)

I only found one such reduced form in foreigner talk:

51.) them: "so they can call my office sometime for her to have a physical. That's all, you can tell 'm." (call #5)

In his speech to NNSs the subject was found to exaggerate consonants. In call #13, he pronounced "Europe" with an aspirated /p/.

stress patterns- In speech to NSs the subject generally used stress-timed sentence stress typical in Standard English. In foreigner talk the subject's stress pattern seemed nearer to syllable-timed.

Stress-timed Sentence Stress

Some examples to NSs:

52.) "They've relé̱ased that over the cóunter, and be véry cáreful, of course, not to gét it in your éye..." (call #15)

53.) "Can you wálk fairly fár?" (call #12)

54.)"I'm just cálling to talk to your dád if he's avá̱ilable." (call #16)

Stress that seemed nearer to Syllable-timed.

Some examples to NNSs:

55.) "Í thínk yóu shóuld bécáuse thát's véry unúsual." (call #18)

56.) "Áre yóu góing tó máke á prótest on- abóut thát?" (call #18)

57.) "Whén dóes hé cóme báck tó sée mé?" (call #6)

58.)"Ít míght bé júst á líttle bít crácked ín the ópening." (call #6)

Syntactic Characteristics of Foreigner Talk:

Omissions: I found articles omitted 10 times, 9 times in foreigner talk, and only once to NNSs.

NNSs:

59.) "come in for checkup." (call #4)

60.) "I didn't remember when you last had examination for you." (call #9)

61.) 'To see if you need um, uh birth control and pap smear and all that stuff. (call #9)

62.) "let me see baby first." (call #9)

63.) "K-kids are getting big?" (call #13)

64.) "Kids are growing up?" (call #13)

65.) "Couple days?" (call #13)

66.) "check ah everything and take blood test" (call #13)

67.) "So you don't know where to send letter or anything." (call #13)

NSs:

68.) "at least every two or three years you're suppose to have pap smear and cancer screening." (call #21)

Expansions - There were a total of 11 tag questions. Speech to NSs has 6 tags, and foreigner talk has 5 tags.

Example of tags to NSs:

69.) "Funny thing, uh?" (call #1)

70.) "That's amazing, isn't it?" (call #2)

71.) "So you're beginning to wonder, uh?" (call #11)

72.) "So you had a marathon cold, ah?" (call #11)

73.) "I think it's a capsule or something, isn't it?" (call #11)

74.) "Or he th- he's a go to bed early guy, isn't he?" (call #16)

Example of tags to NNSs:

75.) "They're gone today, heh?" (call #5)

76.) "Pretty good, ah?" (call #13)

77.) "Well it's easier for him but not so much money, huh?" (call #13)

78.) "...like you said if you move around and and exercise a little bit then it might feel pretty good for a while, hah?" (call #18)

79.) "Um she comes to my office, right?" (call #19)

Replacements or rearrangements - I found 18 uninverted yes/no questions recognized by intonation alone. 15 of the 18 were in foreigner talk.

NNSs:

80.) "So you don't have school today?" (call #5)

81.) "Because of teacher's MEA?" (call #5)

82.) "Eighteen days?" (call #6)

83.) "The one who delivered your baby?" (call #8)

84.) "Ten months?" (call #9)

85.) "Kids are getting big?" (call #13)

86.) "Kids are growing up?" (call #13)

87.) "This week?" (call #13)

88.) "Couple days?" (call #13)

89.) "I should give you a physical?" (call #13)

90.) "You don't have ...a Lee Ching there?" (call #17)

91.) "You just came?" (call #18)

92.) "She comes to see me?" (call #19)

93.) "You know her?" (call #19)

94.) "We're talking about the right person?" (call #19)

NSs:

95.) "I'm calling for Mrs. Johnson?" (call #2)

96.) "You mean your phone number?" (call #14)

97.) "A little better?" (call #16)

Perhaps example #89 does not belong here, because it is very possible that the question intonation used there was to see if the NNS understood the meaning of "physical". I don't think the subject was asking whether or not the listener wanted a physical.

Table 5: Number of Questions Addressed to NSs vs NNSs

NS			NNS		
call#	Q.'s	words	call#	Q's	words
1	5	432	4	5	169
2	4	422	5	12	213
3	0	103	6	5	176
11	8	281	7	4	82
12	6	191	8	4	99
14	2	264	9	7	184
15	5	448	10	4	255
16	3	195	13	23	564
20	0	250	17	5	101
21	1	165	18	14	344
total = 34		2751	**total = 88**		2385

This subject's foreigner talk is syntactically less complex than his speech addressed to NSs. The subject clearly produces longer sentences or sequences of utterances to NSs before he pauses allows the listener to respond. Foreigner talk input is broken into a series of shorter utterances separated by pauses to check that the listener comprehends what is being said.

Thus his foreigner talk seems less complex. A count of compound words and pronouns that indicate subordinate clauses verifies this impression. For example, the word "and" was found in the foreigner talk data eight times, whereas to NSs it was used fifty times. "That" was used nine times to NNSs and twenty six times to NSs. (Table 4.) So it appears that foreigner talk is in fact syntactically less complex, as it has fewer conjunctions and compound sentences.

Semantic Characteristics of Foreigner Talk:

repetitions and restatements - I found clear examples of these 19 times in foreigner talk and 2 times in speech to NSs.

These examples are all of foreigner talk:

98.) "When is he coming back to see me? Wh-when does he come back to see me?" (call #6)

99.) "How old is the youngest one now? How old is your new baby?" (call #9)

100.) "Do you have a physical at work every year? A company- do you have a company physical? Honeywell, doe-they do a physical exam?" (call #10)

Notice that in example #100 the effect of the restatement is to move toward a more topic-comment structure.

offer definitions- (I am considering the following to be "definitions".) The subject offers definitions 5 times: four to NNSs and once to NSs.

NNSs:

101.) "an appointment for yourself to have a checkup after you had your baby...the post we call it post partum checkup but you're going to have that by the one who delivered your baby?" (call #8)

102.) "Do you have a physical at work every year? A company- do you have a company physical? Honeywell, doe-they do a physical exam?" (call #10)

103.) "a checkup. You h- you yah you haven't been to the doctor for a long time." (call # 13)

104.) "complete examination-examination, a checkup. And we, I try to look for,m you know, other things like cancer or um heart trouble, ah take some blood tests for cholesterol and these kinds of things. I think it's been a long time since she had you know everything checked over." (call #19)

NS:

105.) "H-Med Centers requires us to have something called a tickler file which is to go through and try to make sure people show up for their regular physicals." (call #1)

I had the impression the subject was being very selective about his choice of terms between the two groups, thinking some terms could be more easily understood by NNSs than others. However I was unable to verify this impression. I searched for all of the variations of "physical" that the subject used: "checkup", "physical examination", "health exam", "examination" etc. But I found that none specifically correlated with one group or the other. I also looked to see if the word "cholesterol" was only used with NSs, but it was actually used quite evenly in both groups. Possibly my impression was due to his use of other terms I haven't been able to isolate.

Twice to NNSs only, the subject utilizes a pragmatic technique which I will refer to as "staging". He puts himself on stage, so to speak and quotes another person in order to to liven up the information he is presenting. And he also "stages" himself, as a way of explaining what he's doing. In both instances of staging he changes the pitch of his voice while quoting.

106.) "My mother is very good. We-we asked her to come along with us to to Europe but she said, 'No, hah, I'm too old" yah know, but she's okay, thank you" (call #13)

107.) "I am just calling because the office is required to tell patients that they should come and have a physical examination every couple of years...I am calling people to say, 'come in and have your check up every couple of years for your age.'" (call #10)

In this study I considered and counted vocalized pauses to be different from back channeling, ('huh', 'mhm', 'great', 'right', 'yah', 'I bet', etc. to signify interest in, and attention to what the listener is saying). The amount of back channeling the subject used in this study depended on how much talking the other person on the line was doing (ie. it depended on how much information the subject had to work with and minimally respond to.) There was not any clear difference between NSs and NNSs.

A semantic difference I did find between the two groups was the use of humor. I did not find humor in the foreigner talk. In speech to NSs I found these examples:

108.) "You can fight it out with Janeen" (the secretary) (call #1) Whereas to a NNS he said, "call my office and make an appointment." (call #13)

109.)"You turned the magic age of fifty." (call#1) To a NNS he said "especially your father who is over fifty years old." (call #4)

110.) "I'm trying to get some business" (call #2)

111.) "your wife is a-is a kind of a rascal" (call #11)

112.) "Soliciting business." (jokingly giving this reason for why his patient should come in for a checkup.) (call #12)

Also exclusive to speech to NSs was the use of idiomatic expressions:

113.) "On a lighter note" (call #1)

114.) "the buck stops there" (call #1)

115.) "she is her same old self" (call #1)

116.) "waxes and wanes" (call #1)

117.) "keep it in the back of our minds" (call #1)

118.) "just wanted to give you the little prod." (call #1)

119.) "looking for reasons to drop either one of you" (call #2) (referring to getting laid off or fired from a job)

120.) "that's what mothers are for" (call #2)

121.) "You had a marathon cold, ah?" (call #11)

122.) "I'm not drumming up business" (call #14)

123.) "consider yourself nudged" (call #14)

124.) "he's a go-to-bed-early guy." (call #16) (playing with syntax/creating an adjective.)

125.) "doing kind of picky work" (call #16)

126.) "giving you a little boost" (call #21)

DISCUSSION

This doctor's speech to NNSs is clearly different from the speech he addresses to NSs. The difference can be seen in phonology, syntax and semantics.

Phonologically, the subject speaks to NNSs at a faster rate than to NSs. On average, the subject spoke to NNSs 2.8 words per second and to NSs, 3.3 words per second. (See table 1.)

Though not by a great margin, the subject's foreigner talk was more fluent than was his speech to NSs. Fluency was measured in terms of false starts and vocalized pauses, hesitations and repetitions. While this subject's foreigner talk had more false starts, his speech to NSs had more repetitions, and slightly more vocalized pauses and hesitations. (Examples 16 - 35.)

The subject pronounces words more carefully in foreigner talk. In his foreigner talk, unlike his speech to NSs there is hardly any consonant cluster reduction. (Examples 46-51.) But more importantly, the subject in his foreigner talk pronounces vowels in their pure, stressed form. In his speech addressed to NSs, vowels are weakened, or obscured; the pure vowel form, whether it be /a/, /i/ ,/æ/, /u/, or /ɔ/ is instead pronounced as a schwa /ə/. In this subject's speech to NSs this vowels are reduced 74% of the time. In foreigner talk, the subject only weakens or obscures the vowels 31% of the time. (Table 3, examples 36-45.)

This observation represents a new finding: the foreigner talk of this subject takes on a stress pattern which is less stress-timed and more syllable-timed. In English, which is characteristically stress-timed, the stresses come at regular intervals, much like a musical downbeat, on the most important

words in an information-group. The rest of the syllables in between the downbeats are squished together, pronounced weaker or more obscured and faster.

I thInk it's a cApsule or something Isn't it?

In this subject's foreigner talk the majority of vowels are not weakened in this way. (See Table 3.) So there is less contrast between the vowels of stressed and unstressed syllables in his foreigner talk. This is strong evidence that this subject's foreigner talk, unlike his standard English register, has moved toward a more syllable-timed stress pattern. In other words for purposes of being understood, the subject slows down. But rather than slowing down by separating key words and maintaining the sentence stress patterns, the subject slows down and gives every syllable more equal stress.

Instead of maintaining the stress pattern of normal English and inserting pauses:

You mAy..(pause)..want to wAIt...(pause)... until it's convEnient...(pause)... for yOU.

This subject's foreigner talk has a different stress pattern:

"YOU..mAy..wAnt..tO..wAIt..UntIl..It's..cOn..vE..niEnt..fOr..yOU."
(call # 10)

Syntactically there is something very interesting going on in this subject's foreigner talk- a tendency to be ungrammatical. This tendency shows up, for example, in several cases of false starts addressed to the NNSs. In an effort to use simple speech, to be more easily understood, the subject

says the root form of a word (as it would appear in the lexicon, unmarked for tense, number, person, part of speech, etc.).[2] But, hearing that it doesn't sound right, because in the context of the sentence it is grammatically incorrect, he starts over, changing it to the grammatically correct, marked form.

127.) "Baby- your babies come in all the time." (call #10)

128.) "I am Danish and my wife is Sweden- swedish." (call #11)

129.) "Oh you just move- moved out." (call #17)

According to the Arthur et al 1980 study, the foreigner talk they analyzed differed from Ferguson's description in terms of syntax. Arthur et al concluded that ungrammatical foreigner talk (deleting the copula, etc.) is quite rare, and that the adjustments of the more common foreigner talk, like any register, stay within the bounds set by the rule structure of the standard language. Foreigner talk is not consciously controlled by the language user. Rather, they contend, as in most register switching the degree of conscious control and awareness is far lower.

I disagree with the conclusions of Arthur et al 1980. In this study, when speaking to NNSs the doctor makes adjustments which *are* ungrammatical. They are ungrammatical adjustments similar to those described by Ferguson as exemplified in example 1. For example, of the eleven calls to NSs the subject omitted articles once, whereas in the ten calls to NNSs the article was omitted nine times. (Examples 59-68.) Also, as Ferguson found in his made-up foreigner talk data, yes/no questions often

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[2] This may also account for why the subject pronounces the word "said" as /seyd/ to a NNS in call #18.

were not inverted, and formed leaving out a form of 'did' or 'do'. So, in foreigner talk, many questions were recognized by intonation alone. (Examples 10-11.) In this study I also found that often to be the case. Fifteen out of the total eighteen 'intonation alone' questions which occured in this subject's speech were in his foreigner talk data. (Examples 80-97.) Ferguson also found "expansions" (see examples 6-7) which include adding tags to the ends of sentences. In this study the number of tags used in speech to NSs and NNSs to be similar. (Examples 69-79.)

So ungrammatical foreigner talk may not be so rare. More importantly, these adjustments were made with ease. As in the examples of false starts above, the ungrammatical utterances came freely out of the subject's mouth before they were consciously noted and corrected by the subject himself.

Long (1981) suggests that ungrammatical foreigner talk might be more likely if (1) the NNS has a very limited command English, or (2) the speaker thinks she or he is of higher social status than the NNS, (3) the speaker has had considerable amount of experience speaking to NNSs, or (4) the conversation occurs spontaneously. (Long, p. 264)

This study is consistent with Long's hypothesis. The subject does, in terms of omissions, produce ungrammatical foreigner talk, and conditions #1 and #3 both exist. The subject has had a considerable amount of prior foreigner talk experience with NNSs. Besides having patients who have come to Minnesota from a number of different countries, he has been actively involved in social service to refugees through South East Asian Ministries. Furthermore, he and his family have continually hosted foreign students from the University of Minnesota in their home since 1973. A total

of over thirty such foreigners have lived in the subject's home, some for a few weeks and others for a full academic year.

An unexpected difference between the subject's two speech styles was simply the number of questions the subject asked the two groups. As shown in Table 5, thirty four questions appear in his NS data, and eighty eight appear in his foreigner talk. This seems to contradict the findings of Freed (1978) in her description of foreigner talk taken from conversation club meetings for foreign students in Philadelphia. She found higher proportions of questions than statements in the NS-NS interaction than in the NSs speech to NNSs. The results of Freed's and of this study differ because the purpose of conversation and the social context were very different. The doctor's real purpose was to get his patients into the conversation, whether they were NSs or NNSs. It is his right and duty to extract information from his interlocutors, and to do that he may have needed to ask more questions. The only purpose of a social conversation club is usually for people to get to know each other. It is considered impolite to pursue to extract information from another person in a social conversation. There is a lot of variation in how well people want to get to know one another, so the number of questions might vary. The speaker(s) of foreigner talk in this study and in Freed's study were in different situations and had different roles. Thus the results between studies differed.

In the semantic realm, the subject's foreigner talk contains many more instances of repetitions, restatements, and offering definitions. He restates or repeats what he says seventeen times to NNSs and only twice to NSs. (Examples 98-100.) And he offers definitions four times in foreigner talk and only once to NSs. (Examples 101-105.) Finally, the subject uses both

humor and idiomatic expressions exclusively with NSs. They are not found in this subject's foreigner talk. (Examples 108-126.)

In conclusion, the foreigner talk of this subject has a number of characteristics which differ from his speech to NSs. His foreigner talk is slower, more carefully pronounced, more syllable-timed and syntactically less complex. It offers more definitions, repetitions and restatements. These features are not surprising because they are a means of making oneself understood. Also not surprising is that idioms and humor, which are specific to the American culture, were used exclusively to NSs. In contrast to previous findings, the foreigner talk in this study includes many more questions. This is due to differences in social context, and purpose of conversation. It is a strength, in this study, to have real transactions going on in the data. The subject of this foreigner talk study, the doctor, had a *real* purpose- to get his interlocutors to do something, (ie to tell him specific information.) On the basis of Freed's data base and of my own, it seems, if my interpretation is correct, that there is a need for a broader data base of situations before we make generalizations about foreigner talk.

What is surprising to have found is the non-standard stress pattern and grammar of this foreigner talk. The stress pattern of this subject's foreigner talk is not that which is characteristic of standard English; it approaches a syllable-timed stress pattern as opposed to a stress-timed pattern. In terms of grammar, the subject made replacements/ rearrangements (for example, uninverted yes/no questions) much like those characterized by Ferguson. More importantly he made omissions which resulted in ungrammatical utterances. Since Ferguson's study such ungrammatical utterances have been considered to be rare in foreigner talk. Register switching is considered to be *not* consciously controlled, so any adjustments

to speech are suppose to stay within bounds of the rules of the English language. However, the subject of this study makes ungrammatical adjustments with ease before he consciously corrects himself, and leaves many ungrammatical utterances uncorrected.

It was very exciting to carry out this study. I believe it to be a step toward fulfilling a great need for a detailed look at real, non-manipulated foreigner talk...foreigner talk that is genuine and in explicit contrast to speech addressed to NSs in the same context.

APPENDIX

Call #1: native, age 50

How are you? Hah, is Mark there? Th-thank you. Hi, Dr. Nelson. f-pretty good. I-calling t- well you won't believe why I'm calling you, um are you still on med centers? Oh. H-med centers requires us to have something called a tickler file which is to go through and try to make sure people show up for their regular physicals. Umm and I put your name on a list of other names I have here but now I did it so long ago I can't remember if you were in like a year ago or two years ago or whatever but, I think, right I think you turned the magic age of fifty anyway, so, ha ha ha, so you automatically get called, but um mainly at age fifty we do some cancer thinking kinds of stuff, i-i-if not go ahead and do bowel cancer screening, certainly look at the cholesterol numbers and update whatever shots and so on and just just kind of think in terms of update, so I shouldn't have to tell you that but, um, I'm- yah but I'm just kinda going through my list and they require it and it's not a bad idea. On a on a lighter note, how's you mom doing? Oh sh- yah, hmhm huh. Well she sounded really good when I talked to her even last week so um no I'm I'm pleased and I hope she is her same own self and uh, but, okay huh, but I warn you that this may be a come and go thing, even with the new dosage of her thyroid this still could be sort of circulatory and sometimes that waxes and wanes so not to be too surprized if she turns up with a streak of it later on but, anyway we won't tell , we won't talk about that too much. We'll just try to both you and I keep it in the back of our minds anyway. Oh I'm sure- I'm sure you do. Ha ha ha great. Great. Ha, well, ha ha ha ha ha. But yet the buck stops there. I'll bet you when something goes wrong you're the first to hear. Funny thing, uh? Hmhm. Oh wonderful. I'm really glad. No, yah she's she's a neat lady and I hope she she ah can spend the rest of her days in a in a reasonable, you know state of health or at least feel good while she is. Okay well I just wanted to give you the little little prod. You can you can fight it out with Janeen.
WORDS= 432

Call #2: native, age 53

This is Dr. Nelson. I'm calling for Mrs. Johnson? Heh. Yah. Is your wife there? Hi, Dr. Nelson. I'm d-calling tonight for- trying to get some business. I have been going through some of my lists of insurances and lists of ah patients and I'm finding people who haven't had their physicals for a long time. Um, are you on med centers or, okay. I think that's how it came up because med centers requires us to scan ah, an- and actually encourage people to come in for their check ups. So that's how I got your name. Ha ha ha ha

yah, and I'll bet it has been several years since you've been in probably. Okay. Anyway, um they require us to keep a little record of of this and then to just encourage people to come in and get get their yearly physicals or every other year of whatever it is. Um, we'll probably just go through the usual things, cancer screening, ya know, look at your cholesterol, see if your shots are up to date, um do a general physical an-and do whatether uh whatever health advising we need to do. But there's there's no really there's no rush if you just call Janeen and and set it up sometime when you see a free time coming up this fall that would be great. Noth- nothing important that, you know, o-otherwise I, that has come up or anything like that. How's it going at home? I s'pose. I bet. Sure. Right. Oh. That's amazing isn't it? yah. Really? Oh okay. Oh okay. Wow. Sure yah. So in other words they're looking for problems and looking for reasons to drop either one of ya. hmhm. I see, okay, right. Sure. Yah. Well you're both under stress then. yah, hm hm hm hm, right. Well don't let this throw ya. I'm just doin' a kind of a routine screen, mostly prompted. No no no it's mostly prompted by med centers they, they want us to keep, you know, actually calling people in to, to keep their files, you know up to date and all that, but i-doesn't matter to me I mean just get this taken care of first. Yah. Sure. No, no I think you're doing it right. Right, right, right, uhuh, right yah , well I sure hope so, Are you? Ha ha ha ha, hmhmhmhm right yath that's another little excitement hmhm, okay, okay well, that's what mothers are for, hahaha, I see. Okay, very good. Okay, bye bye.
WORDS=422

Call #3: native, age 53

Calling for Mister David Smith. Ah, I'm just looking through the med centers insurance list and find that you haven't had a physical for more than one year, and they recommend that we call in folks like you for your annual physical. Ah, when I see you I'll pro'ly be doing cancer screening, ah general health exam, ah lab tests if needed like cholesterol, ah, put you up to date i-with your immunizations and just overall ah eh take care of these things so give Janeen at my office a call and set up your own appointment if you will. Thank you.
WORDS=103

Call #4: foreigner, age 18

Hello this is Dr. Nelson. How are you? I'm calling your family to ask if anyone, ah either your father of your mother, if they've had their physicals ah over the past year. Um, I need to have them come in for checkup. Oh really? For what? Okay, okay. What I'm really doing is going through the list of my patients and trying to make sure that people, especially your father who is over fifty years old, has a physical, you know, to look for cancer and to look

for cholesterol and blood tests and all of that stuff. So it's it maybe I can do it at the same time, if he's coming in on Wednesday anyway, um then maybe I can do it all together. Um, I don't know if your mother ever had a complete, you know physical examination. She what? She what? Oh okay, okay. So she had all that done. Very good. Okay thank you then I'll see your father this week. Bye bye.
WORDS=169

Call #5: foreigner, age 10

Hello is this Alan? Hello. Dr. Nelson here, is this Alan? Hello this is Dr. Nelson. Um, is this the place where Yum Sau lives? Oh, he's not home right now. Um, how is he doing? Okay? Um, your father's friend ah has a friend named Dumi D-U-M-I? San. Does she live there? Does she live with you? Uh huh. Is she there now? Could I talk to her? She's with Yum. Okay. When will they be home? Uhheh. They're gone today, heh? So you don't have school today? Because of teacher's MEA or something? Oh, okay. Um, you can tell your father that I was just calling because in my office I am doing physicals for, ah people who haven't had a checkup for a long time, and I know your father did have one. I know Yaw came in in January and he had his checkup then. But but he doesn't have to call me because he's already had his checkup, but I was just wondering if Dumi, you know, maybe would want to come in to have a physical to get everything checked. So that's, so they can call my office sometime for her to have a physical. That's all, you can tell 'm. Thank you very much. Bye bye.
WORDS=213

Call #6: foreigner, age 25

Hello, this is Dr. Nelson. Did you call for me? Uh hah, tell me what's wrong. Uh hah. Okay, and how old is your baby now? Eighteen days? Okay. Um, that's normal. You don't have to worry about that. Ah, that's okay, ah, sometimes you see a little blood ah in in a new baby and it can last for quite a while i- m- it can be there for quite a few days so I wouldn't worry about it at all. It might be just a little bit cracked in the opening. You might just look and see if there's a little crack there, but even so, it doesn't matter. Ah, it's nothing serious. So just a little bit is fine. Wh- when is he coming back to see me? Wh-when does he come back to see me?" Oh, so, if you have more trouble before that time you can always come in but, I wouldn't worry about a little bit even if it lasts for a few days. Okay. Bye bye.
WORDS=176

Call #7: foreigner, age 15

Hi this is Bob. This is Bob Nelson, How are you? Oh. Is um Wan there please? Wh-who is this, Jane? Uh huh, um, I just want to talk to her sometime but I'll call her back. When do you think she's going to be home? Oh, so she is working now. Okay, I'll call you back- I'll call her back this evening then. Nothing important, tell her. It's nothing important or serious. I just wanna talk to her. Thank you, bye.
WORDS=82

Call #8: foreigner, age 25

This is Dr. Nelson again. Um, I just wanted to ask you do you have an appointment for yourself to have a checkup after you had your baby? And is that goi- yo- so your going to be coming to my office nex-next week. Or do you go to your own doctor for that? The one who delivered your baby? For, for the post we call it okay we call it post partum check up but you're going to have that by the one who delivered your baby? Very good. I just wanted to be sure. Thank you. Bye.
WORDS=99

Call #9: foreigner, age 35

Hello this is Dr. Nelson. How are you? Good. Fine too. How are your babies? Good. How old is the youngest one now? How old is your new baby? Yah. H-how old is she? Ten months? Uh huh. Okay. Um, I'm calling everyone because I'm trying to get a- people to come in for their checkups and I didn't remember when you last had examination for you. Oh. Uh huh. So, and also for you yourself I wondered if it's time for you to have your physical exam, um to see if you need um, uh, birth control and pap smear, and all that stuff. Ah, but I can check the chart and see if you're ready to to have that done, but let me see baby first. Yah, i -what time does Yom get home? After- after 5:00. Okay. I'm going to call him back because he's the one I want to tell about the physical for himself because I haven't seen him for a long time, as a patient, you know, so I'll call back this evening. Oh- okay. Bye bye.
WORDS=184

Call #10: foreigner, age 45

Hello this is Dr. Nelson ag-again. Is he home? Okay. Hi there. I am just calling because the office is required to tell patients that they should come and have a physical examination every couple of years, and I know that you haven't had a complete physical for quite a while, so I'm just going through the list of patient names that I have, and calling people to say, "come in and

have your checkup ah every couple of years for your age." Yah. Oh. hah. okay, okay, well what I do is check your ah blood test for cholesterol, and ya know listen to your heart and check, think about cancer screening and so on. Do do you have a physical at work every year? A company- do you have a company physical? Honeywell, doe- they do a physical exam? Th-oh sure uh huh. Well, when whenever whenever you get time. It doesn't have to be right away. You may want to wait until it's convenient for you. And just- you can just let- Well, I was thinking that you were the one who hasn't had a checkup for a long time. Baby- your babies come all the time hmhm. uh huh. Okay. Yah, yah. So, just to let you know, and you can talk to my office, Diane, and make an appointment sometime, but no hurry. Hah. Okay. Right, right, right. Some- yah. Okay, well that's all I'm doing, just calling an- an asking people to have their checkups. You're welcome. Bye bye.
WORDS=255

Call #11: native, age 70

Hi, Dr. Nelson. Heh. I'm making some calls tonight for people who haven't had a had their physicals lately and I know that your wife is a , is a kind of a rascal. She's been, what two or three of four years since she's had her her physical.. Is she there? Le-me talk her into it. Huh? Oh did you? Oh, okay. So you had a marathon cold, ah? Hmm. Oh that's right. Yah. So you're beginning to wonder, uh? Okay. Hmm. You might be better off to find a lower dose of that or figure out some way to break that in half rather than ever other day, 'cause I think it wears off on the second day, so it really would be better to s- and I can look that up, I think monopril is ten milligrams, does that sound right? And I believe they make a five. I don't think it's a common dose, because ten is sort of a starting dose, but I think there is a half strength, or does that tablet have a line in it of any kind? I think it's a capsule of something, is it? It's- okay. Well anyway lall- I'll look that up in my books-book and see if there's a half a strength on that. That would make it better for you I mean I appreciate that you're taking blood pressures and that's great, and maybe the low dose does keep you from having the cough side affect, but I think a half a tablet would be the logical way to go. So next time you order check before you do and see if there's a half strength. Alright. Okay.
WORDS=281

Call #12: native, age 70

Hi Dr. Nelson. I'm fine. I started ah in- looking in my office files from Z to A and you came up first, heh, a-for people, for people who are a few years behind on their physicals. And so we're just calling ah people who are several years overdue. For your cholesterol and your pap smear and your cancer screening, and just general checkup. Soliciting business. Hmm. But

anyway, just to let you know that you're you're a few years- a few years back, and i-it's kind of a rush right now, because a lot of people are getting their physicals abo-around about October, but um set something up for later on if you wanna. How are you otherwise? Hah, good. How 'bouchor legs? Can you walk fairly far? I mean for a while there, you weren't able to walk more than a couple blocks or so were you? Is that- did that get better? Are you still smoking? Oh, okay. I just wanted to make sure. Hmm. Well very good. I'm just chechin' up on you then. You figure out something , call Janeen for an appointment. Very good. Bye bye.
WORDS=191

Call #13: foreigner, age 40

Hello Van? This is Bob. This is Bob Nelson. I'm fine. I haven't seen you for a long time. How is everyone? Oh, we're fine thank you. And how 'bout your family? Pretty good, ah? K-kids are getting big? Kids are growing up? Are they out of school now? This week? Couple days? Did they stay home from school today? Uh hah. I'm calling from the office ah, I'm looking at my charts at the office and decided that you should have a checkup. You h- you yah you haven't been to the doctor for a long time, and if if you can sometime, you could come in and I should give you a physical? You know, check ah everything and take blood test and try to get you- make sure you're well. heh. W-well you in particular, ah maybe sometime your husband also. Yah. I was just re-remembering that it's been a long time- been a long time for you bef-since you had a checkup. Yah. Problem. Uhha. Oh. Yah. Oh did you know we were gone? Oh. Oh right. Did you know where we went? We went , no no, we went to Sweden and Norway and Denmark. So we, yah, no S- just Suzanne and myself. Yah. B-because I am Danish and my wife is Sweden Swedish, and also we had in- an invitation to go to Norway. So we went to all three countries. So it was a very nice vacation. Yah, yah, three weeks. Hmm. Well, we've been back now for a couple weeks or something. Yah. Hmhm. Suzanne? How is what? Wh- O'm sorry, who-how is who doing? Suzanne? She's fine. My mother's very good. We-we asked her to come along with us to to Europe but she said "no, hah, I'm too old." ya know, but she's okay. Thank you she is, yah. Jen's ou-ah moved out st- I'm I'm sure you are and I know that, I know that that's a problem that continues. Oh Ew. Yah I know that is makes you very sad. Hmhm. Well you have to tell her that you still love her. You have to tell her that you still love her. Yah, just so she knows and then she can decide for herself. Hm. So you don't know where to send letter or anything. Huh? I'm sorry for you. Can't sleep yah. Oh, I know. Yah that's a, that's been a difficult time for you. How is your husband doing? Is he still working very hard? Not- no overtime, just the regular hours now, huh? Okay. Well it's easier for h-him. but not so much money, huh? mhm. He worked too hard for too long maybe. What are you doing? Oh. And t-mhm, electronic and you're assembly or

something? Okay. Now you're working overtime. No, just just regular time huh? Okay. But still it's hard because you have other things to do. Yah. Well I'm sorry for you about Jen. And I th- we think about you a lot. So I hope, I hope some day she'll come home and and you can see that she's okay. Hm. Yah. And you say hello to everyone. Okay. Alright. Sure. You can call my office and make an appointment, but no hurry. Ah, well, we close at about five, but if- i if I know you're coming I can stay later for you.
WORDS=564

Call #14: native, age 71

Hello this is Dr. Nelson. Is this the Larson's? Um I am going through my list of patients in Blue Plus and we are advised to do that from time to time to see if everyone is up to, I'm sorry. No no I'm going through a list of patients that are signed up to me under this Blue Plus and ah we are supposed to make sure patients have had some sort of occasional, annual physicals or by every other annual or something. Yah, I'm looking for you. I'm glad you answered I say I'm glad you answered because I think I've seen of course your husband in and out of different situations and I just wanted you to know that ah you show up on the computer here as not ever- I don't even know if you have a chart at my office. You may not, yah, well, sure, well, yah I'm, I'm not drumming up business I'm just trying to get people ah you know taken off this schedule that I recognize I haven't seen for quite a while. Yah. Well that's what well I I got it from your husbands chart of course. You mean your phone number? Um, yah, there's it's all on this print out anyway, but nevertheless ah just consider yourself nudged now and and don't ah don't you don't have to rush over but I just wanted you to know that we need to do just base line usual things for cancer screening and heart screening and ah and ah cholesterol, etcetera. Very good. Bye bye.
WORDS= 264

Call #15: native, age 50

Hi this is Dr. Nelson, is Mrs. Loeffler there? Oh let me talk to her please. Hi Dr. Nelson. Ah this is I suppose kind of an odd call but I'm going through my list of Blue Plus ah patients and I'm just seeing your name on here. Um, we are suppose to make sure that our patients are coming in for their periodic physical exams, and ah, I don't know if you've ever have one but at least ah, heh, at least you haven't had one for a couple years or so. Two years, oh is that right? Well then I miss read the chart, Because it it looked, huh? Well I had trouble finding a real complete physical exam at all, you know where we've really ever gone through the whole business with the cholesterol and the and all the different cancer screening things and all that. So I was just, I was just running the charts. We are, We're supposed to monitor our you know our our group of patients and I, it doesn't take me long to just look at the list and see who I've seen recently and who I haven't, you know. Oh well that's handy. Well, now I've done my duty. Heh, and

I'll, and I'll see ya sometime. Okay. Hm, so how are so how is he treating it? Hm Is it both eyes or one eye. Hm What is it doing? Oh, okay. Hm. I I think she's probably right but I don't know any reason why we can't just go ahead and treat that. Yah, yah no I it- it does that sometimes um, what I would do with that is just give you a real mild cortisone in fact try this before you even come in. Go get some Cortisone cream over the counter, one percent. They've released that over the counter, and, be very careful, of course not to get it in your eye, but if you can put a real thin layer right on the lid skin of the lid itself, that, maybe three times a day I bet in a few days in a few days it'll be cleared right up. So I wouldn't hesitate to to treat it. You know you c- ah oh yes you do, heh, but you can't really harm yourself by just doing that, as long as you keep it out of the eye and even if it did run into the eye it wouldn't h-harm anything to your eye, it just might burn, or hurt or something, so anyway why- why don't you just do that and then I'll see you sometime for the other. Sure. Bye bye.
WORDS= 448

Call #16: native, age #25

This is Dr. Nelson. I'm just calling to talk to your dad if he's available. Or he th- he's a go to bed early guy isn't he? That's right. Maybe I can just leave a message with you 'cause this is nothing important, I'm just doing some kind of a um picky work off the insurance business this Blue Plus that your mother and dad are on, I'm suppose to monitor these names and make sure that every couple years or so they've had their health exams or physicals. And, ah, I know your dad h-has his back problems and all that but he does, kind of stay away from my office as much as he can. But he's he's due for just a general checkup. And that's all you have to convey to him is just tell him that ah he needs you know blood tests and and cancer screening and the various things that we just do for routine exams. No rush, no rush. How did you come out with your deal? A little better? Or, you'll probably need to have another treatment sometime because usually it takes two or three. Okay, bye.
WORDS=195

Call #17: foreigner, age 25

This is Dr. Nelson, is this the home of Lee Ching? Oh, then I have a wrong number. 2 2 7 9 2 7 5? 9 2 7 5? That's the right number, but you have a you don't have a Lee, Lee Ching Lee Ching there? Oh. You just came? Oh, you just move-moved into there about a month ago so so maybe she has a different phone number now. Okay. I don't have her chart right here now so I can't tell you that I'm sorry, but ah if it's a new number then thank you very much. Bye bye.
WORDS=101

Call #18: foreigner, age 36

This is Dr. Nelson, is this Odera? Hi there. I was wondering how you're getting along with your back. Tell me a little more about it, I'm interested to know what they did. Did you have to go back to work or keep on the job? You lost your job. Are you going to make a protest on- about that? I think I think you should because that's very unusual because that's very unusual. Is that right. Wow, well I'm sorry to hear that but tell me more about what your situation is. Do you have anyone watching you now for your back trouble or what? How long do you keep your insurance? Six months. Good. It's coming from their side. Right. I'm sorry. yah. Are you on any medicines now? Okay. Do you have any therapy of any kind going on now? They stopped that. And what about your own activity? Are you walking or are you ah moving around somewhat? What what kind of- okay. When does it feel best? When does the back feel the best for you? Yah, but I mean can you sleep at night fairly comfortably or, not very well, or well like you said if you move around and and exercise a little bit then it might feel pretty good for a while, hah? Okay. Do you ha- still have the leg pain? Ah, well that's a, that's a kind of a bad sign I mean that usually means that the nerve is still pinched you know it's still involved and I still believe that you have an abnormal scan. And while you still have your insurance, sometime we should consider having you see a specialist about that, and find out if if it's more serious than they said. With me? Anytime. I'm not in the office tomorrow.. Tomorrow is my my day off. But that's okay. You can call my my secretary is there tomorrow. So you can just talk talk to her and set up an appointment for whenever it's convenient. Very good. Bye bye.
WORDS=344

Call #19: foreigner, age 20

Hello this is Dr. Nelson. Um, did I call you before about your mother to come in for kind of a physical examination? I don't think so but you know Y- is it Yua, your mom? Um she comes to my office, right? You know her? We're talking about the right person? Um, som- what I do in my office is once every year, or sometimes every two years I see my patients for a total, or complete examination- examination, a checkup. And we, I try to look for, you know, other things like cancer or um heart trouble, ah take some blood tests for cholesterol and those kinds of things. I think it's been a long time since she had you know everything checked over. But I know she comes to my office sometimes to check her blood pressure. So, I'm just telling you maybe this before the end of the year or even sometime in January. Whenever it's convenient. The next time when she comes in maybe I will do you know a complete examination. Make an appointment, but no hurry so you just put it into your schedule sometime. Thank you so much. Good bye.
WORDS=198

Call #20: native, age 82

Oh, I'm just calling you to tell you that I was looking at the Blue Plus insurance list and you're on that list, you- you're one of my patients on that ah, on that insurance plan. And, when ah when we sign up for this insurance we have to promise the insurance company that we're going to take good care of you so you're sup- ah I'm suppose to remind you from time to time to have a check up. And ah I was looking at your chart and I don't know if you've been in I don't think for quite a while and I don't know if we've done a complete examination for a long time. Yah. Right. So I think sometime in the f- next couple months if you could stop in and jus- just call Janeen and make an appointment for your s-sort of a yearly physical. And we'll do the cholesterol. Yes you do, ah hah. What we usually have you do is call your eye doctor and then ah make your appointment and then after you've made your appointment call Janeen and tell her what day it's going to be coming up so that she can send the papers before you get there. Yah. But, ah it's nothing, it's nothing amazing. When I see you I'll just do the usual , the usual things and the cancer screening and check for cholesterol and so on, and then you'll be up to code. Okay, Bye bye. Yah.
WORDS=250

Call #21: native, age 53

Hi, Dr. Nelson. Your daughter said you're home in the morning. Um, I'm just calling to tell you that we get a print out of all the Blue Plus patients and ah we're suppose to um make sure our patients have had, more or less a periodic health exam, so ah not necessarily yearly physicals but at least every two or three years you're suppose to have pap smear and cancer screening and cholesterol and all those things. So ah we have to more or less in our contract ah make sure that at our people are getting reminded to have their checkups. So that's the reason I'm calling 'cause I know you n- you don't come in very often. Yah, well that's good I'm glad you're f- are you feeling well? Good. Well that's fine I'm just giving you a little, giving you a little boost here to have you come in for your, for your annual checkup. Every five years. Okidoke. Bye bye.
WORDS=165

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